

U.S. DEPARTMENT OF ENERGY
20__ National Science Bowl®

Coaches Confidential Medical Information and Emergency Notification Form

Name _____ Birth Date _____ Sex: M ___ F ___

Street Address _____

City _____ State _____ Zip _____

Home Telephone () _____ SSN _____

Date of Last Tetanus Shot: _____ Drug Allergies: (circle none **OR** list): _____

Physician/HMO _____ Phone Number () _____

Medical Conditions or Previous Surgery: (circle none **OR** list): _____

Regular Medications: (circle none **OR** list): _____

Special Dietary Requirements (include food allergies): (circle none **OR** list): _____

Vegetarian: (circle) YES **or** NO

Special Physical and /or Transportation Needs: (circle none **OR** list): _____

EMERGENCY NOTIFICATION INFORMATION

Emergency Contact (Required) _____ Phone () _____

Relationship to Coach _____

Medical/Hospital
Insurance Carrier _____ Policy # _____

CONSENT TO MEDICAL CARE AND TREATMENT

I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) by a licensed physician or hospital in the event I am not available to consult with the attending physician(s) and the attending physician(s) deem it advisable to proceed with such treatment(s).

Coach Signature _____ Date _____

No Fax Copies